

Emotional distress among couples involved in first-trimester induced abortions

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abstract

OBJECTIVE To establish the prevalence of clinically significant psychological distress in women and men involved in first-trimester abortions and to identify related risk factors.

DESIGN Prospective cohort study.

SETTING A downtown Montreal public abortion clinic and the Montreal metropolitan area.

PARTICIPANTS We recruited 197 women and 113 men involved in first-trimester abortions and compared them with control groups composed of 728 women and 630 men 15 to 35 years old who had taken part in a previous public health survey (Enquête Santé Québec 1987). One hundred twenty-seven women and 69 men completed the follow-up questionnaire.

MAIN OUTCOME MEASURES Level of distress as measured by the Ilfeld Psychological Symptom Index.

RESULTS Before the abortion, 56.9% of women and 39.6% of men were much more distressed than their respective controls. Three weeks after the abortion, 41.7% of women and 30.9% of men were still highly distressed. Predictors of distress for women were fear of negative effects on the relationship, unsatisfactory relationships, relationships of less than 1 year, ambivalence about the decision to abort, not having a previous child, and suicidal ideation (this association was weaker than in controls). Predictors for men were fear of negative effects on the relationship, relationships of less than 1 year, preoccupation with the abortion and anxiety about its accompanying pain, negative perceptions of their own health, suicidal gestures in the past, and suicidal ideation in the past year (only the association with suicidal gestures was marginally stronger than in controls).

CONCLUSION Being involved in a first-trimester abortion can be highly distressing for both women and men.

résumé

OBJECTIF Établir la prévalence de détresse psychologique significative chez les femmes et les hommes impliqués dans un avortement du premier trimestre et en identifier des facteurs de risque.

DEVIS Étude de cohortes prospectives.

MILIEU Des cliniques publiques d'avortement situées au centre-ville de Montréal et la région métropolitaine de Montréal.

PARTICIPANTS Cent quatre-vingt dix-sept femmes et 113 hommes impliqués dans un avortement du premier trimestre comparés à 728 femmes et 630 hommes de 15 à 35 ans qui avaient déjà participé à une enquête de santé publique (Enquête Santé Québec 1987); 127 femmes et 69 hommes ont rempli le questionnaire de suivi.

PRINCIPALES MESURES DES RÉSULTATS Niveau de détresse psychologique tel que mesuré par le Ilfeld Psychological Symptom Index.

RÉSULTATS Avant l'avortement, 56% des femmes et 39,6% des hommes présentent une détresse psychologique plus élevée que dans leur groupe contrôle respectif (20,7%, 22,2%). Trois semaines après l'intervention, la détresse demeure forte (41,7%, 29,6%). Chez les femmes, les prédictors de détresse élevée sont: la peur d'un impact négatif sur leur relation avec leur partenaire, une relation de couple insatisfaisante ou de moins d'un an, une ambivalence concernant la décision d'avorter, ne pas avoir eu d'enfant, et une idéation suicidaire dans la dernière année (moins forte que dans le groupe contrôle). Chez les hommes les prédictors sont: la peur d'un impact négatif sur la relation avec la partenaire, une relation de moins d'un an, une préoccupation importante au sujet de l'avortement et de l'anxiété concernant la douleur qu'il impliquerait, une perception négative de sa santé, un geste suicidaire au cours de la vie, et des idéations suicidaires dans l'année qui précède (plus forte que dans le groupe contrôle).

CONCLUSION Être impliqué dans un avortement du premier trimestre induit une détresse psychologique élevée chez un grand nombre de femmes et d'hommes.

This article has been peer reviewed.

Cet article a fait l'objet d'une évaluation externe.

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Many men and women have to deal with unplanned or unwanted pregnancies sooner or later in their lives. Induced abortion is one of the most common surgical interventions performed, and an estimated 21% of American women of childbearing age have had abortions.¹

The psychological reaction to abortion "can be best understood within the framework of stress and coping rather than the model of psychopathology."^{2,3} Psychological or psychiatric disturbances occur but are severe or persistent in only a few (approximately 10%), and psychoses are rare (only 0.003% of cases). Many women, however, are distressed and have negative responses. Higher levels of distress have been associated with being religious and being affiliated with conservative churches,⁴ young age,⁵ lack of social support,⁶ unsupportive male partners,⁷ and having a psychiatric history.⁷

Women seeking abortions have been compared with various reference groups: women consulting for contraception,⁸ women in their 40th week of pregnancy and non-pregnant women,⁹ and women denied abortion.¹⁰ Several studies seeking within-group correlations had no control groups.^{5,7,11-13} Consequently, much has yet to be learned about women's normal reactions to unwanted pregnancy and abortion, because this particular stress might add to other already existing stresses.

For every woman involved in an unwanted pregnancy, there is also a man. Surprisingly enough, very little attention has been paid to men's emotional reactions; we found only four studies on the subject (two are unpublished theses).¹⁴⁻¹⁷

Shostak^{14,15} studied 1000 men recruited in the waiting rooms of 30 abortion clinics throughout the United States. Most of these men (75%) had discussed the situation only with their female partners. They thought the best way to support them was to control and hide their own emotions. About 40% of the men supported their partners by accompanying them to the appointment and by paying the fees. Emotional distress related to the unwanted pregnancy seemed to be associated with guilt related to lack of responsibility for contraception; anxiety about being held responsible for the situation by their partners; fear of not being able to cope with the stress;

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sadness at loss of the putative child; and fear of the effect of the abortion on their relationships with their partners.

Péloquin¹⁶ studied 20 couples after induced abortion and compared them with 20 couples after spontaneous abortion. Six men in the first group reported sadness and a sense of loss and solitude. Most of the couples discussed the situation between themselves and agreed on the decision to terminate the pregnancy. The men got involved by supporting their partners and giving them more attention.

Graves¹⁷ questioned a group of fathers aged 13 to 17 on responsibility for contraception; 70% of them had a more positive attitude toward responsibility after the abortion. About the same proportion reported conflicting feelings regarding unwanted pregnancy and abortion.

This study investigates the prevalence of distress in women and men seeking abortion and compares it with distress in a large sample of people of reproductive age in the general population. Concomitant variables are studied to discover whether the distress observed in those seeking abortion can be predicted on different grounds from the distress observed among controls.

METHOD

Setting and participants

This study was carried out in three downtown Montreal community clinics (CLSC Centre-Sud, CLSC Centre-Ville, and the St-Denis Youth Clinic) that share first-trimester abortion services. These clinics offer free primary medical and psychosocial services. One clinic specializes in youth services and serves a large urban area; the other two serve their local low-income, inner-city populations (one also serves a subpopulation of college and university students).

When women request an abortion at one of these clinics, they have an initial visit with a nurse a few days before the procedure. The nurse obtains information on physical and psychological health. After this, patients see a physician for sexually transmitted diseases screening and assessment of gestation age. If the pregnancy exceeds 12 weeks, patients are referred. The next visit is for the abortion itself. We suggest to our patients that they should choose someone to accompany them—partner, friend, or family member. If a woman wishes, her companion can stay with her during the abortion.

Table 1. Characteristics of subjects and controls

CHARACTERISTIC	WOMEN			MEN		
	STUDY %	CONTROL %	X ² TEST OVER ALL	STUDY %	CONTROL %	X ² TEST OVER ALL
Age (y)	(n = 197)	(n = 728)	$\chi^2(2 \text{ df}) = 139.9$ $P < .0000001$	(n = 111)	(n = 630)	$\chi^2(1 \text{ df}) = 77.7$ $P < .0000001$
• 15-16	29.4	8.8		10.8	7.8	
• 17-19	32.0	9.9		41.4	10.1	
• ≥ 20	38.6	81.3		47.7	82.1	
Marital status	(n = 190)	(n = 706)	$\chi^2(2 \text{ df}) = 55.4$ $P < .0000001$	(n = 108)	(n = 606)	Not significant
• Married or common-law	20.5	50.7		37.0	46.0	
• Divorced or separated	20.5	12.2		13.0	10.6	
• Single	58.9	37.1		50.0	43.4	
Relationship of < 1 y	(n = 197)57.7	Not available	Not available	(n = 97)60.8	Not available	Not available
Relationship satisfactory or very satisfactory	(n = 171) 77.8	(n = 361) 93.9	$\chi^2(1 \text{ df}) = 30.2$ $P < .0000001$	(n = 110) 98.2	(n = 273) 95.6	Not significant
At least one previous child	(n = 190) 13.7	(n = 722) 34.2	$\chi^2(1) = 30.2$ $P < .0000001$	(n = 108) 12.0	(n = 617) 24.5	$\chi^2(1) = 8.12$ $P = .0044$
At least one previous abortion	(n = 193) 27.5	Not available	Not available	(n = 109) 24.8	Not available	Not available
Education	(n = 194)	(n = 721)	$\chi^2(2) = 24.3$ $P = .0000053$	(n = 112)	(n = 625)	$\chi^2(2) = 26.5$ $P = .0000018$
• High school or less	64.4	44.5		60.7	40.0	
• College	20.1	30.8		30.4	28.8	
• University	15.5	24.7		8.9	31.2	
Negative perception of own health	(n = 197) 31.2	Not available	Not available	(n = 112) 20.0	Not available	Not available
Occupation	(n = 197)	(n = 727)	$\chi^2(2) = 11.31$ $P = .0035$	(n = 112)	(n = 630)	Not available
• Study	67.0	53.8		51.8	64.3	
• Work	16.2	20.9		33.9	24.3	
• Other	16.8	25.3		14.3	11.4	
Suicidal ideation						
• In whole life	(n = 193)27.5	(n = 718)18.0	$\chi^2(1) = 8.58$ $P = .0034$	(n = 107)18.7	(n = 624)15.4	Not significant
• In past year	(n = 192)14.0	(n = 710)6.9	$\chi^2(1) = 10.04$ $P = .0015$	(n = 107)10.3	(n = 615)6.2	
Suicidal gesture						
• In whole life	(n = 190)14.7	(n = 708)5.8	$\chi^2(1) = 16.90$ $P = .00004$	(n = 107)6.5	(n = 613)4.4	Not significant
• In past year	(n = 190)3.7	(n = 708)1.7		(n = 107)1.9	(n = 611)1.5	
At least two positive answers on CAGE	(n = 190) 6.8	(n = 709) 7.6	Not significant	(n = 105) 12.4	(n = 615) 15.3	Not significant

During recruitment for this study, a nurse requested consent to participate at the end of the first consultation. Patients were told they would have the same treatment whether they participated or not. Each consenting patient and her partner, if present, was given a self-administered questionnaire (women were asked to give questionnaires to their partners if they were not present).

Before leaving the clinic after the abortion, women and men were given a follow-up questionnaire to be

filled out separately at least 1 and no more than 3 weeks later (again, if a partner was not present, the woman was asked to give him the questionnaire). Questionnaires were given with preaddressed and prestamped envelopes for mailing. They could also be returned at the follow-up visit.

In this study, we included all women and their partners seen for therapeutic abortions between late 1991 and early 1993 (excluding the summer months). Women and their partners were excluded if

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they were younger than 15 years, if they could not read French, or if they were pregnant as a result of rape or incest.

The control population was extracted from the extensive sample of the Enquête Santé-Québec 1987, a global health survey undertaken by Quebec's Health and Welfare Ministry and Community Health Departments.¹⁸ As a reference sample for our study, we took everyone from the Montreal metropolitan area between 15 and 35 years old from that database (728 women and 630 men).

Questionnaires

Psychological distress was measured with the Ilfeld Psychiatric Symptom Index (IPSI)¹⁹ using the same validated French version as Santé-Québec had used. Our study used the same demographic categories as the earlier study, and questions were identical.

The self-administered questionnaire has 29 items or symptoms; subjects report the frequency of each symptom in a specified period on a 4-point scale. High scores were associated with depression and anxiety. The IPSI does not give a precise diagnosis but can estimate prevalence of psychological distress requiring help. For each sex and age group of the entire Santé-Québec sample, the 80th percentile of the IPSI total score has been defined as the threshold between moderate distress and high distress.¹⁸

Amount of distress before and after abortion was compared with distress in the control sample using χ^2 tests with level of significance set at 0.05. The χ^2 tests were also used for associations between great distress and potential predictors. Student's *t* tests were used for ordinal-scale variables. For potential predictors (all categorical) in the control sample, however, we tested by hierarchical log-linear analyses to see whether association strength differed (was stronger) in our sample than in controls, in order to single out specific predictors of distress related to abortion.

We included a question from Santé-Québec's survey on alcohol consumption: how many alcoholic beverages were consumed during the last week? We also used the CAGE questionnaire, a self-administered test asking four questions about alcohol consumption.^{20,21}

We used four questions from Santé-Québec's survey on previous suicidal ideation and behaviour. Moreover, we asked all subjects other questions not found in Santé-Québec's survey but directly related to the abortion experience, such as partner's degree of agreement with the decision to abort, ambivalence, anticipation of pain, and fear that an abortion would negatively affect the relationship. Ethics approval was given by the CLSC des Faubourgs.

RESULTS

Of all women served by the abortion clinic during the data-acquisition period, 10% did not qualify for the study, and 10% refused or failed to give back the initial questionnaire. Men were recruited by their female partners. Of 164 men notified, 51 did not return the pre-abortion questionnaire; of the 113 who did, only 69 (61%) returned the follow-up questionnaire. Of the 197 women who answered the pre-abortion questionnaire, only 127 (64%) completed the follow-up questionnaire.

About 25% of subjects in our study had been involved in at least one previous abortion. More than 50% of couples had been together less than 1 year. **Table 1** shows characteristics of study and control groups.

The women in our study differed significantly from controls in many ways generally related to their younger age, lesser education, student status, not living with a spouse, and not having children. Because none of these variables is associated with high levels of distress among controls, these differences in composition do not compromise our study's objectives.

Relatively more women in our sample were divorced, separated, or single than women in the control group. Significantly more women in our sample declared suicidal ideation at some time in their lives ($P=0.0034$) and in the last year ($P=0.0015$). They also declared more suicide attempts in their whole lives ($P=0.00004$) but not significantly more than in the last year ($P=0.0907$). This could not be attributed to the different age composition of the groups because neither group showed any association of suicidal ideation with age. Marital status and suicide-related variables were already associated with high distress in the Santé Québec study, with higher incidence of distress among divorced or separated respondents and among people with a suicide history.

Variables related to distress in the general population do not seem to explain the higher incidence of distress among those involved in abortions. The women in our sample showed no association between great distress and marital status ($\chi^2(2 \text{ df}) < 1, P=.74$), and the association between great distress and suicide was actually weaker among study women than among controls, suggesting distress of a different origin.

The male study population differed less from their controls but was still generally younger and less educated, and fewer had children.

High level of distress

Prevalence of great distress among controls was 21.6% for women and 22.2% for men, which was not

significantly different from the nominal 20% norm for great distress established for the whole Santé Québec sample ($P=.29$ and $P=.16$). Before an abortion, both women and men had a significantly higher prevalence of psychological distress than their respective controls (56.9% [$n = 195$] for women and 40.7% [$n = 127$] for men). At follow up, women still differed significantly from their controls (41.7%, $n = 108$), but men did not (30.9%, $n = 68$).

Prevalence of great distress before an abortion was compared between the subgroup who completed the follow-up questionnaire and the subgroup who completed only the initial questionnaire. The rate of great distress was 55.6% ($n = 126$) versus 59.5% ($n = 69$) for women ($P=.602$) and 44.8% ($n = 67$) versus 34.1% ($n = 41$) for men ($P=.272$). Completing the follow-up questionnaire, therefore, did not select for level of distress.

Decision to abort

Answers to specific questions about the decision process and the abortion itself are shown in **Table 2**. As expected, women and men were both very preoccupied with the upcoming abortion; they reported feelings and concerns with similar frequencies for most of the items. We should note that 32 of the 197 women did not inform their partners of the pregnancy, and this could explain discrepancies observed on the items "agreement on the decision" and "participation of the male partner in the woman's decision to abort." Also, far more women than men confided in someone other than their partners about the unwanted pregnancy and abortion.

Of the women who notified their partners, 73% invited their partners to accompany them during the procedure. In the initial questionnaire, 88% of invited male partners indicated they intended to be present at the clinic the day of the abortion.

Answers to specific questions about the abortion appear in **Table 3**. About a third of men expressed a need for some form of counseling about the abortion. Being present during the procedure was considered traumatizing by 21.3% of participating men, and this was significantly associated with two items from the pre-abortion questionnaire, namely disagreement on the decision to abort and anxiety about pain during the procedure. Nevertheless, presence of a male partner was considered helpful by most women and men. This was further confirmed by most stating they would advise other men to accompany their partners in the same situation.

Table 2. Concerns about the decision and the procedure before the abortion

CONCERNS	WOMEN % (N)	MEN % (N)
Difficulty making the decision	35.2 (196)	34.9 (109)
Ambivalent about the decision	17.3 (196)	17.6 (108)
Thought male partner's opinion was important in the decision	37.4 (195)	50.9 (112)
Agreed on decision	71.0 (192)	85.7 (112)
Seriously preoccupied by the abortion	83.7 (196)	83.6 (110)
Very anxious about the abortion	56.9 (195)	56.2 (110)
Greatest contributor to anxiety	(186)	(95)
• Anticipation of pain	45.7	22.1
• Moral dilemma	26.9	38.9
• Anticipation of complications	14.0	34.7
• Fear of sterility	13.4	12.6
Fear of negative effects on relationship	21.2 (193)	24.7 (113)
Felt fully informed	94.9 (196)	73.2 (112)
Discussed situation with someone other than partner	83.8 (198)	57.1 (112)

Table 3. Statements after the abortion

STATEMENTS	WOMEN % (N)	MEN % (N)
Felt informed of procedure and expected reactions	Not applicable	64.2 (67)
Would have liked counseling	Not applicable	30.4 (69)
Thought abortion had negative effects on relationship	12.2 (123)	17.6 (68)
Present at abortion	Not applicable	70.6 (98)
• Thought it traumatizing	Not applicable	21.3 (47)
• Presence of male partner thought helpful	85.2 (54)	93.6 (47)
• Would advise other men to be there	79.2 (53)	85.1 (47)

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Correlates of great distress

Correlates of high levels of distress before an abortion are ranked in **Table 4** by order of statistical significance. Both women and men had the following correlates: suicidal ideation in past year and whole life, being worried about the abortion, fear of negative effects on the relationship, relationship of less than 1 year, and negative perceptions of their own health. For women, additional correlates were not having a previous child, having an unsatisfactory relationship, ambivalence about the decision to abort, and having discussed the situation with someone other than the partner. For men, two additional correlates are suicidal gesture in whole life and fear of pain.

Stepwise logistic regression was based on responses of the 145 women with no missing variables. The following correlates remained significant: fear of negative effects on relationship, unsatisfactory relationship, no previous child, and suicidal ideation in whole life. For the 86 men with no missing data, significant correlates were fear of negative effects on relationship, suicidal ideation in whole life, and negative perception of own health.

To further seek out specific correlates of distress about an upcoming abortion, we compared the correlates of distress of our study groups with those of controls using correlates available for both groups. Having no child was a predictor of great distress among women seeking abortions but had no association with distress among controls, resulting in a significantly stronger association in the study women ($P = .0096$). For both women and men, the association between distress and being in a relationship of less than 1 year was similar in study and control groups. For men, the association of distress with negative perceptions of their own health was similar in study and control groups.

The association of great distress with suicide-related variables was less marked among women in our study group than among controls; although not below the threshold of significance, associations with distress of all four suicide-related variables were less than half as strong (measured by odds ratio) as associations observed among controls. For men, associations of distress with suicidal ideation, in whole life or last year, were less strong than among their controls, but suicidal gesture in whole life tended to be more strongly associated ($P = .057$); however, this is based on only seven men admitting suicide attempts.

Table 4. **Correlates of high levels of distress before the abortion**

WOMEN
Fear of negative effects on relationship ($P < .001$)*†
Not having a previous child ($P < .0037$)*‡
Unsatisfactory relationship ($P < .0097$)*‡
Suicidal ideation in whole life ($P < .012$)*‡
Suicidal ideation in past year ($P < .014$)†
Relationship of less than 1 year ($P < .030$)‡
Worried about abortion ($P < .030$)†
Ambivalence about decision to abort ($P < .043$)†
Negative perception of own health ($P < .044$)†
Having discussed the situation with someone other than a partner ($P < .045$)‡
MEN
Suicidal ideation in past year ($P < .00047$)*‡
Worried about abortion ($P < .0005$)†
Suicidal ideation in whole life ($P < .00078$)‡
Fear of negative effects on relationship ($P < .001$)*†
Suicidal gesture in whole life ($P < .00121$)‡
Fear of pain ($P < .003$)†
Relationship of less than 1 year ($P < .022$)‡
Negative perception of own health ($P < .003$)*‡

*Significant in stepwise logistic regression.

†Compared using t test.

‡Compared using χ^2 test.

DISCUSSION

Prevalence of great distress is increased among women before and for a few weeks after an abortion. An unexpected finding in study women might be worth pursuing: they had a significantly higher prevalence of suicidal ideation in their whole lives and past year and suicidal gestures in their whole lives. This observation must be appreciated together with the weaker association of these variables with high-level distress among study women than among controls. This means that, although a greater proportion of women in the study group admitted a positive suicidal

history (compared with controls), proportionally fewer of them fell into the high-distress category. Hence, women with prior suicidal ideation might be more likely to face unwanted pregnancies or to seek abortions if facing unwanted pregnancy.

Study men were emotionally disturbed by unplanned pregnancy, and a greater proportion of them were in great distress compared with controls. Interestingly enough, women's and men's concerns about the decision and the abortion were very similar. One third of men expressed a need for some form of counseling.

Correlates

In both groups, correlates of great distress have been found and can be used by clinicians to identify people at risk. Fear of negative effects on the relationship is the variable most strongly associated with high distress for both men and women. Our results suggest that this issue should be raised routinely and explicitly in pre-abortion interviews.

The association of great distress with not having had a previous child was further analyzed. In step-wise logistic regression, initially, anticipation of pain and having no previous child both had borderline associations with distress, the latter slightly stronger. As fear of negative effects on the relationship, suicidal ideation throughout life, and having an unsatisfactory relationship were successively selected, the residual association of anticipation of pain with great distress steadily decreased; the association of having no previous child with great distress remained and even strengthened slightly. The association of distress with having no previous child appears independent of its association with fearing negative effects on the relationship, with having an unsatisfactory relationship, or with the duration of the relationship. This last remained only marginally significant as the prediction equation developed, showing a drop, but only a modest one, when having no previous child entered the equation.

Limitations

The study population might not represent all women and men involved in first-trimester abortions but might be just a result of our specific setting and mission. Caution should be used in generalizing to other populations. For instance, the elevated incidence of positive answers to suicide items might reflect the particular population served by the participating medical clinics, just as it might reflect a condition leading to requesting an abortion.

Second, information is drawn from a self-administered questionnaire and, therefore, suffers from biases inherent in this type of data collection. Comprehension of the questions might have differed from one person to another, with no possibility of clarification by an interviewer. Differences in interpretation might occur when questionnaires are completed in the context of a general health survey or in the context of a study on abortion.

Third, a random sample of the general population of reproductive age was chosen as a control group. The study population differed significantly from their controls in several ways: age, education, and marital status. Age and education are not correlated with great distress; marital status was associated with great distress among controls but not among study subjects. Nevertheless, some of the differences observed between study and control groups in psychological distress could come from other factors than the abortion itself.

Fourth, because level of distress in the study population before the unwanted pregnancy is unknown, we do not know whether people who are already very distressed more often find themselves facing unplanned or unwanted pregnancies or whether they choose abortions more often in such situations. The study suggests that suicidal ideation and gestures are more prevalent among women requesting abortions, but it also finds that their predictive value for great distress is weaker in the context of abortion.

Fifth, many subjects were lost to follow up (35.5% of women; 38.9% of men). Prevalence of high levels of distress was similar in those who returned the follow-up questionnaire, but we cannot exclude more subtle differences.

Sixth, follow up was short (between 1 and 3 weeks after the abortion) and follow-up data were collected only once. Resolution of life crises, such as unwanted pregnancies, certainly often takes longer than 3 weeks. Our study provides little information on the duration of the crisis, the recovery process, or the long-term effects.

CONCLUSION

Our study provides some clues for clinicians concerning issues that should be explored routinely to identify people at risk of high-level distress. Most abortion clinics offer routine pre-abortion counseling to all women requesting pregnancy termination. According to our results, men and women express concerns and feelings about abortion with remarkably

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Key points

- This prospective cohort study compared the prevalence of emotional distress in women undergoing induced abortion and their partners and a control group of couples from Quebec.
- Both before and after the abortion, study couples were found to be much more distressed than controls.
- High levels of distress in women correlated with fear of negative effects on the relationship, unsatisfying relationships, and not having had a previous child. High levels of distress in men correlated with fear of negative effects on the relationship, suicidal ideation, and negative perceptions of their own health.
- Men and women expressed concerns and feelings about abortion with remarkably similar frequencies.

Points de repère

- Cette étude prospective de cohortes comparait la prévalence de la détresse émotionnelle chez les femmes devant subir un avortement provoqué et leur partenaire par rapport à celle chez un groupe de contrôle de couples du Québec.
- Autant avant qu'après l'avortement, les couples de l'étude éprouvaient beaucoup plus de détresse que les groupes de contrôle.
- De forts degrés de détresse chez les femmes étaient associés à la crainte des répercussions défavorables sur la relation, à des relations insatisfaisantes et au fait de n'avoir pas eu d'enfant auparavant. Des degrés élevés de détresse chez les hommes étaient liés à la crainte des effets négatifs sur la relation, à des idées suicidaires et à des impressions négatives de leur propre santé.
- Les hommes et les femmes exprimaient des préoccupations et des sentiments à l'endroit de l'avortement selon une fréquence remarquablement semblable.

similar frequencies. Most men are willing to be present and supportive during an abortion if invited by their partners. More than 30% do not feel fully informed about the procedure and express the need for some type of counseling. More innovation is needed in this area. ♦

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